

EMPLOYEE INFORMATION FORM

First Name

Middle Name

Last Name

Date of Birth

SSN

Married
Not Married

Male
Female

Current Home Address Line 1

Apartment #

Current Home Address Line 2

City

State

Zip

Zip+4

Home Phone Number

Position Title

Grade

Department/Agency

Operating Administration

Office

Work Address Line 1

Use as
Beneficiary Yes
 No

Work Address Line 2

City

State

Zip

Zip+4

Office Phone Number

Appointment Date

Affidavit Date

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?

☐ Yes - If "Yes", check this block and skip to Item 8. ☐ No - If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

☐ Yes - If "Yes", list the following information. ☐ No - If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

☐ No ☐ Yes - Check one of the statements, if it applies to you. I claim preference as the:

☐ Spouse of a disabled veteran ☐ Mother of a deceased or disabled veteran ☐ Unmarried widow/widower of a veteran

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
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U.S. Department of Energy
APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5 of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
<div style="display: flex; justify-content: space-between;"><div>Sex</div><div>Male <input type="checkbox"/></div><div>Female <input type="checkbox"/></div></div>	

SECTION A. DISABILITY STATUS

A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

- 05. I do not have a disability
- 16. Total deafness in both ears, with or without understandable speech.
- 23. Inability to read ordinary size print, not correctable by glasses
(can read oversize print or use assisting device)
- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing both hands or both arms or both feet or both legs.



- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands.
- 65. Partial paralysis of both legs, any part, or both arms, any part.
- 67. Partial paralysis of one side of the body, including one arm and one leg.
- 68. Partial paralysis of three or more major parts of the body (arms and legs).
- 71. Complete paralysis of both hands or both arms or both legs.
- 72. Complete paralysis of one arm or one leg.
- 76. Complete paralysis of lower half of body, including legs.
- 77. Complete paralysis of one side of body, including one arm and one leg.
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).
- 82. Convulsive disorder (e.g. epilepsy).
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
- 06. I have a disability, but it is not listed above. Describe: _____

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. **NOTE: Please mark only ONE box.**

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |



U.S. Department of Energy
Washington, DC 20585

**NOTICE CONCERNING PRE-APPOINTMENT CERTIFICATION
STATEMENT FOR SELECTIVE SERVICE REGISTRATION**

- Coverage: If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.
- Purpose: We need to know if you are registered with the Selective Service System to determine whether you are affected by laws concerning employment with the Federal Government.
- Penalty: A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment. (Title 18, U.S. Code Section 1001)
- Error: If you been informed that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you should provide the reason(s) why you did not register to:

U.S. Office of Personnel Management
NACI Center
IOD-SAB
Boyers, PA 16018

CERTIFICATION OF REGISTRATION STATUS

I _____ CERTIFY that:

- ☐ I am REGISTERED with the Selective Service System.
- ☐ I am NOT REGISTERED with the Selective Service System.
- ☐ I am NOT REQUIRED TO REGISTER with the Selective Service System.

SIGNATURE

DATE

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2007
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return.

- 1** Enter an estimate of your 2007 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$10,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,850 \text{ if head of household} \\ \$5,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____
- 6** Enter an estimate of your 2007 nonwage income (such as dividends or interest) **6** \$ _____
- 7** Subtract line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** Divide the amount on line 7 by \$3,400 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners/multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** Subtract line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

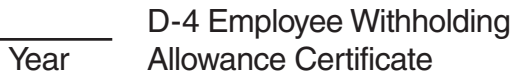
Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
65,001 - 120,000	850	35,001 - 80,000	850
120,001 - 170,000	950	80,001 - 150,000	950
170,001 - 300,000	1,120	150,001 - 340,000	1,120
300,001 and over	1,190	340,001 and over	1,190

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration

 Detach and give top portion to your employer. Keep bottom portion for your records.



a	Enter 1 for yourself and	a	
b	Enter 1 if you are filing as a head of household and	b	
c	Enter 1 if you are 65 or over and	c	
d	Enter 1 if you are blind	d	
e	Enter number of dependents	e	
f	Enter 1 for your spouse if filing jointly	f	
g	Enter 1 if married filing jointly and your spouse is 65 or over and	g	
h	Enter 1 if married filing jointly and your spouse is blind	h	
i	Number of allowances Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below.	i	

j	Enter estimate of your itemized deductions	j	
k	Enter \$1,000 if married filing separately; all others enter \$2,000	k	
l	Subtract k from j	l	
m	Multiply \$1,370 by number of allowances on Line i	m	
n	Divide l by m. Round to the nearest whole number.	n	
o	Add Lines n and i and enter on Line 2 above.	o	

CERTIFICATE OF NON-RESIDENCE IN THE DISTRICT OF COLUMBIA
(See instructions below)

EMPLOYEE:

Upon request of your employer, you must file this form with him so his records may show clearly that you are not a resident of the District of Columbia. Otherwise, he must withhold D.C. income tax from your wages.

EMPLOYER:

Keep this certificate with your records. If you believe the employee should have filed Form D-4 in lieu of Form D-4-A, the Department of Finance and Revenue should be informed. (see instructions below)

FULL NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE	

I certify under penalties provided by law that my personal residence is:

STREET ADDRESS
CITY, STATE, ZIP CODE

And I do not have a place of abode within the District; I do not reside within the District; nor am I domiciled within the District.

SIGNATURE	DATE
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INSTRUCTIONS TO EMPLOYEES

- Purpose of Certificate of Non-Residence.** - Your Employer is required to determine your resident status in order that he may know whether or not you are subject to the D.C. Withholding Tax. In order to establish that you are not a resident of the District and therefore **not** subject to the D.C. Withholding Tax, this form must be filed with your employer upon his request. Employees who are residents of the District will not use this form but will file form D-4, "Employee's Withholding Exemption Certificate". Failure to file the appropriate certificate will cause your wages to be subject to D.C. Withholding Tax without exemption.
- Who Must File a Certificate of Non-Residence.** - Upon the request of his employer every individual who is employed in the District must file Form D-4-A when:
 - he did not maintain nor does he expect to maintain a place of abode within the District; and
 - he does not reside within the District; and
 - he is not domiciled within the District.
- Changes in Resident Status.** - If your resident status changes at any time after you have filed Form D-4-A with your employer so that you have a place of abode within the District, or reside within the District, or become domiciled within the District, you must promptly file Form D-4, "Employee's Withholding Exemption Certificate", with your employer in order that he may determine the proper amount of tax to be withheld from your wages.
- Social Security Number.** - Under the provisions of Title V, Sec. 1(a) of the D.C. Income and Franchise Tax Act, your Social Security number is necessary for proper identification of you account with the District and will only be used for tax administration purposes.

Employee's Maryland Withholding Exemption Certificate

Print your full name	Your social security number
Address (including ZIP code)	County of residence (or Baltimore City)

- Total number of exemptions you are claiming from worksheet below 1. _____
- Additional withholding per pay period under agreement with employer 2. _____
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.

☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.

AND

☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).

If both **a** and **b** apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____

- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.

☐ District of Columbia ☐ Pennsylvania ☐ Virginia ☐ West Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2.

Enter "EXEMPT" here 4. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature _____ Date _____

Employer's name and address (including zip code) (For employer use only)	Federal employer identification number
--	--

Worksheet and instructions

Line 1

- Number of personal exemptions (total exemptions on lines A, C and D of the federal W-4 or W-4A worksheet). a. _____
- Number of additional exemptions for dependents over 65 years of age. b. _____
- Number of additional exemption for certain items, including estimated itemized deductions, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. c. _____
- Number of additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind. d. _____
- Total - add lines a through d and enter here and on line 1 (Form MW 507). e. _____

EXEMPTIONS FOR DEPENDENTS To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year.

ADDITIONAL EXEMPTIONS FOR DEPENDENTS OVER 65 YEARS OF AGE An additional exemption is allowed for dependents who are 65 years of age or older.

ADDITIONAL EXEMPTIONS You may claim additional exemptions for certain items, including estimated itemized deductions, alimony payments, allowable child care expenses, qualified retirement contributions, business losses and employee business expenses for the year. One additional withholding exemption is permitted for each \$2,400 of estimated itemized deductions or adjustments to income that exceed the standard deduction allowance.

NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000 for each taxpayer.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse)
4. Subtotal Personal Exemptions (add lines 1 through 3)
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your social security number	Name	
Street Address		
City	State	ZIP Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
 - (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet
2. Enter the amount of **additional** withholding requested (see instructions)
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here) ☐

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

DIRECT **DEPOSIT** SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(specify)</i></div>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER		<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">TYPE</div> <div style="width: 20%;">AMOUNT</div> </div>	
Prefix _____ Suffix _____			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER								CHECK DIGIT
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								<div><div></div></div>
		DEPOSITOR ACCOUNT TITLE								

FINANCIAL INSTITUTION CERTIFICATION				
<p>NOTE: Please attach a voided check or deposit slip to this form; You are not required to take this form to your financial institution for signature.</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

~~THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.~~

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹/₁₀₀₀

AUSTIN, TEXAS

Check No. 0000 - 4157815

Month Day Year
08 31 84

Pay to the order of
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543

29-693-775 00 C

28 28
VA COMP

DOLLARS CTS
\$ ****100*00

NOT NEGOTIABLE

@0000005186 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.